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| | |
|-------------------------|--------------------|
| Rita H. Jennings | (Depositor's name) |
| <i>Rita H. Jennings</i> | (Signature) |
| 08/30/2006 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-------------------------|---------------------|------------------|
| 10/666,226 | 09/17/2003 | Bruce B. Roesner, Ph.D. | 16165-005001 | 8463 |

TITLE OF INVENTION: DEEP SLEEP IN AN RFID TAG

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 09/30/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
|--------------|----------|----------------|------------|----------|--------------------------|
| AU, SCOTT D. | 2612 | 340-010330 | 09/01/2006 | TBESHAW2 | 00000070 061050 10666226 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2. _____

3. _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

ID Solutions, Inc.

Taipei, TAIWAN

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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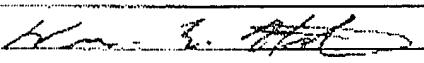
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature) 

(Date) August 30, 2006

Typed or Printed Name William E. Hunter

Registration No. 47,671

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